

MASTERS PROGRAM IN COEXISTENCE AND CONFLICT

Master's Project Proposal Approval Sheet

Name: _____
(Please Print Legibly)

Student Signature: _____ Date: _____

Title of Project: _____

Organizational or Partnership Affiliation:

Mailing Address and Contact Name/s :

MASTER'S PROJECT PROPOSAL HAS BEEN REVIEWED AND APPROVED BY

ACADEMIC Advisor:

(Print Name) (Signature) (Date)

FIELD CONTACT: _____
(E-mail) (Phone)

(Print Name) (Signature*) (Date)

* Approval may be sent electronically from the advisor's e-mail account and attached.
Any changes in field supervisors during the course of the internship must be approved by the Program Director.

PROGRAM DIRECTOR APPROVAL

_____, Director Date: _____
Mari Fitzduff
